UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUES FOR PAT	PMM DDD DD				
1 Date of Request:					
rate of Request:	2 Serial/P	atent	# 40/1	52237	5
3 Please refund the following fee(s	s): 4 PA	PER MBER	5 DATE FILED	6 AM(DUNT
Filing				\$	
Amendment				\$	
Extension of Time				\$	
Notice of Appeal/Appeal				.\$	
Petition				\$	
Issue				\$	
Cert of Correction/Terminal D	Disc.			\$	-
Maintenance				\$	
Assignment				\$	
Other				\$	
		7 TOTAL AMOUNT OF REFUND \$			
			FUNDED BY		
0 REASON:		Treasury Check 023175			
Overpayment					
Duplicate Payment		Genedit Reposit A/Costo			
No Fee Due (Explanation):					_
REFUND REQUESTED BY:					
TYPED/PRINTED NAME:					-
SIGNATURE:			_ TITLE:		
OFFICE:			ne:		
**************************************	******	*****	*****	*****	****
APPROVED:	ONLY:	სა FC:1632 -500. ℃E:			588.00 O
					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

ORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B